

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013267

3302

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *ST LOUIS*

Length of stay in 1b
DOA

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *City Hosp.*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*

b. COUNTY

c. CITY OR TOWN *St Louis*

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2420 Cass Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First *Thomas*

Middle

Last *Lord*

4. DATE OF DEATH

Month

Day

Year

Mar 19 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/2/73

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (City and state or country)

St Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Michael Lord

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mattie Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

St Vincent de Paul 4140 Lindell

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis.

DUE TO (c)

420:0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[Redacted]

20f. CITY, TOWN, OR LOCATION

[Redacted]

COUNTY

[Redacted]

STATE

[Redacted]

21. I attended the deceased from *4:33 P.* to *[Redacted]* and last saw her/him alive on *[Redacted]*

Death occurred at *[Redacted]* m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul Simon

(Degree or title)

Deputy

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

3/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/21/63

23c. NAME OF CEMETERY OR CREMATORY

Celvary Cemetery

23d. LOCATION (City, town, or county)

St Louis

(State)

Mo.

24. FUNERAL DIRECTOR

Cullen Kelly 7267 Natural Bridge

ADDRESS

7267 Natural Bridge

25. DATE REC'D. BY LOCAL REG.

MAR 21 1963

26. REGISTRAR'S SIGNATURE

Joan Smith. M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. *Not Embalmed*

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.